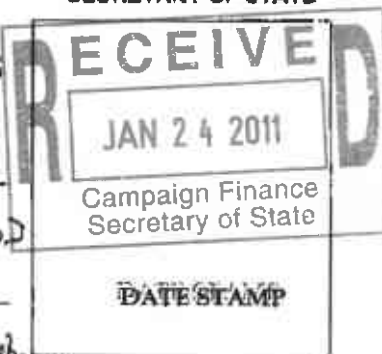


Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
Special Election

Delbert Hosemann
SECRETARY OF STATE



Name of Committee Mike Bryan
 Address P.O. Box 3174 Tolo, MS 38862
 Telephone 662.841.8778 Fax 662.680.9385
 Treasurer Mike Bryan Email mike.bryan@comcast.net

☐ Check here if above is different from previous report

TYPE OF REPORT

- ☐ January 4, 2011 Pre-Election Report (January 1, 2010, through January 1, 2011).....Mandatory
- ☐ January 25, 2011 Pre-Election Report (January 2, 2010 through January 22, 2010).....Runoff Candidates only
- ☒ January 31, 2011 Annual Report (January 1, 2010 through December 31, 2010).....Mandatory
- ☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
1-1-2010 - Pres. 60652			
Total amount of contributions	\$ 2900.00 + \$ 450.00	\$ 3,350.00	\$ 3,350.00
Total amount of disbursements	\$ 574.43	\$ 574.43	\$ 574.43
Total amount of cash on hand		\$ 3899.10	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

[Signature]
 Signature of Director or Treasurer

1-24-2011
 Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

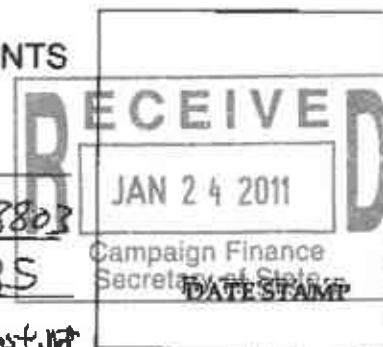
SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 138, Jackson, MS 39205 or fax to 601-359-1489 or 601-578-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Delbert Hosemann
SECRETARY OF STATE

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
Special Election

Name of Committee Mike Bryan
Address P.O. Box 3174 Turley, MS 38803
Telephone 662.841.8778 Fax 662.680.9385
Treasurer Mike Bryan Email mike.bryan@arcast.net



☐ Check here if above is different from previous report

TYPE OF REPORT

January 4, 2011 Pre-Election Report (January 1, 2010, through January 1, 2011).....Mandatory
January 25, 2011 Pre-Election Report (January 2, 2010 through January 22, 2010).....Runoff Candidates only
January 31, 2011 Annual Report (January 1, 2010 through December 31, 2010).....Mandatory

☒ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation)
(State Senate Dist. 6)

Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (II) and (III).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions \$	+\$	\$	\$
Total amount of disbursements \$	+\$	\$	\$
Total amount of cash on hand		\$	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Mike Bryan
Signature of Director or Treasurer

1-24-2011
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 130, Jackson, MS 39205 or fax to 601-359-1400 or 801-575-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Page 1 of 1

Name of Candidate or Committee Mike Bryan
 Reporting period 1-1-2010 through 12-31-2010

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>city of Tuba</u>	<u>12/9/10</u>	\$ <u>50.00</u>
Mailing Address		
<u>P.O. Box 1485</u>		
City, State, Zip Code		
<u>Tuba, MS 38802</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>50.00</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Mark's</u>		\$ <u>7.43</u>
Mailing Address		
<u>Tuba, MS 38801</u>		
City, State, Zip Code		
<u>2x4 for fish</u>	Aggregate Year-to-date	\$ <u>7.43</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
		\$
Mailing Address		
		\$
City, State, Zip Code		
	Aggregate Year-to-date	\$
Purpose of Disbursement (Optional)		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
		\$
Mailing Address		
		\$
City, State, Zip Code		
	Aggregate Year-to-date	\$
Purpose of Disbursement (Optional)		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
		\$
Mailing Address		
		\$
City, State, Zip Code		
	Aggregate Year-to-date	\$
Purpose of Disbursement (Optional)		
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
		\$
Mailing Address		
		\$
City, State, Zip Code		
	Aggregate Year-to-date	\$
Purpose of Disbursement (Optional)		

Page 7 of 1

Name of Candidate or Committee Mike Bryan
 Reporting period 1-1-2010 through 12-31-2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Guy Mitchell III</u>		<u>12/8/10</u>	\$ <u>5000</u>
Mailing Address <u>P.O. Box 7120</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Tupelo, MS 38802</u>		<u>1/1/</u>	\$
Name of Employer (Required) <u>Mitchell McNeill</u>		<u>1/1/</u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>5000</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Colin Maloney</u>		<u>12/8/10</u>	\$ <u>2400</u>
Mailing Address <u>P.O. Box 1366</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Tupelo, MS - 38802</u>		<u>1/1/</u>	\$
Name of Employer (Required) <u>Century</u>		<u>1/1/</u>	\$
Occupation (Required) <u>Contractor</u>		Aggregate year-to-date	\$ <u>2400</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>1/1/</u>	\$
Mailing Address		<u>1/1/</u>	\$
City, State, Zip Code		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>1/1/</u>	\$
Mailing Address		<u>1/1/</u>	\$
City, State, Zip Code		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$